

Foster Family Home - Corrective Action Report

Provider ID: 1-510744

Home Name: Ruthie Agbayani, CNA

Review ID: 1-510744-5

94-436 Apowale Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/27/2018

End Date:

11/27/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Home visit made for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/27/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Criminal record or fingerprinting not present during review for CG#1, CG#2, and CG#3.

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4) Disclosure form for CG#1 not updated.

41.(b)(8) Blood Borne Pathogen (BBP) was on 2/24/17 not renewal for 2018 present during review. Lapsed on Blood Borne Pathogen (BBP) due on/before 4/30/16 was done on 4/25/18 for CG#5 and CG#6.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Ruthie Agbayani

CCFFH Address: 94-436 Apowale Street, Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
17-1454-6 (d)(1)	Submitted corrective action plan for 3-bed recertification due 5/27/18.	5/27/18	Provider will be sure all applicable requirements are completed in order to comply with rules and regulations.
17-1454-7.1 (a)(1)	Found DHS letters pertaining to Criminal Record or Fingerprinting and placed back into Home binder.	5/1/18	DO NOT let myself or anyone remove these documents from Home binder no matter how old the documents are.
17-1454-41 (b)(4)	Disclosure form was not updated and submitted due to demolition and renovation of Home and property. Disclosure form updated and submitted with CAP.	5/27/18	Provider will be sure to update any items required on the Disclosure form on a timely matter.
17-1454-41 (b)(8)	Bloodborne Pathogens certificates and/or proof of training/continuing education placed in the proper sections of the Home binder.	5/1/18	Provider will request/obtain certificates and/or proof of training/continuing education in a timely manner to prevent lapse. A record of expiration dates will be maintained.

Primary Caregiver's Signature: _____

Print Name: Ruthie Agbayani

Date of Signature: 5/27/2018